

CALLING THE SHOTS

Summer Issue



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1250 Punchbowl Street • Honolulu, Hawaii, 96813 • Questions, Comments? (808) 586-8300

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Immunization Providers and School Health Aides Instrumental in Success of 7th Grade Requirements

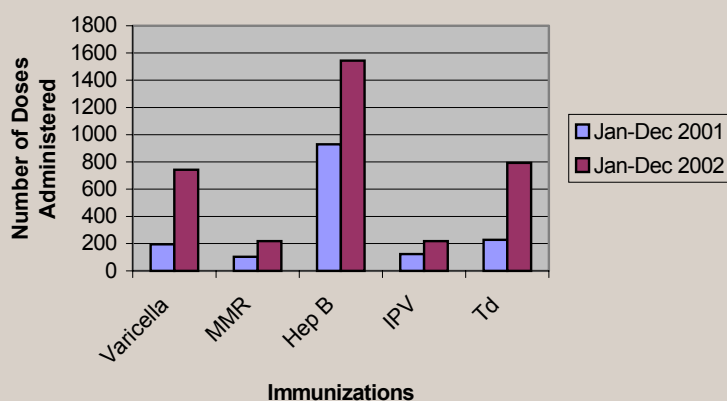
By Gail Ogawa

According to VFC/Teen Vax Vaccine Administration Visit Records (VAVRs), the implementation of 7th grade immunization requirements for Varicella, MMR, and Hepatitis B greatly increased the number of students that are protected from these diseases. Comparing data from 2001 to data from 2002, the number of Varicella shots administered rose 281% while the number of MMR shots doubled and Hepatitis B shots increased by 67%.

Although not required for 7th grade attendance, many providers are screening for and administering other immunizations as recommended by the ACIP. Vaccine administration for IPV and Td rose 76% and 247%, respectively, during the same period.

The Department of Health, Immunization Branch, sends its appreciation and kudos to the many immunization providers, public health nurses, and school health aides statewide whose efforts have helped to protect hundreds of Hawaii's 7th graders from vaccine-preventable diseases and have made the implementation of the new immunization requirements a success. Mahalo!

**VFC and Teen Vax Shots
Administered to 11 Year Olds**
(Data source: Submitted VAVRs 2001-2002)



TALK TO THE DOC...

By Marcia M. Nagao, MD, MPH

Is it ok to administer vaccines with tuberculin (TB) syringes?

A TB syringe may be used for a subcutaneous (SQ) vaccination **only** if the needle length is at least 5/8 inch and is no smaller than 25 gauge. A tuberculin syringe should **not** be used for intramuscular (IM) vaccinations since the needle length and gauge do not meet the recommendations listed below.

For subcutaneous (SQ) vaccine administration, a 5/8 inch, 23 to 25 gauge needle should be used.

For all IM injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves and blood vessels or bone. An individual decision on needle size and site of injection must be made for each person on the basis of age, the volume of the material to be administered, the size of the muscle, and the depth below the muscle surface into which the material is to be injected.

For the majority of infants (<12 months), a 7/8 to 1 inch, 22 to 25 gauge needle is sufficient to penetrate muscle in the infant's thigh for an IM vaccination.

For toddlers and older children (aged 12 months to 18 years), the needle size for an IM injection can range from 22 to 25 gauge and from 7/8 to 1 1/4 inches long, depending upon the size of the muscle.

For adults (>18 years), the suggested needle size for an IM injection is 1 to 1 1/2 inches and 22 to 25 gauge.

It's Against the Law!



The VFC program recently received expired vaccine from one of its providers. The lot numbers on the vial and box had been altered. Altering lot numbers may be constituted as a violation of State law (Hawaii Revised Statutes §328-15, Misbranding of drugs). DO NOT alter lot numbers on any vaccine!



New Combination Vaccine

By Loriann Kanno, PharmD

On December 13, 2002, the Food and Drug Administration (FDA) licensed a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), hepatitis B (recombinant) and inactivated poliovirus vaccine (IPV). The vaccine is marketed as **PEDIARIX™** by GlaxoSmithKlein Biologicals, and is approved for use in infants aged 2, 4, and 6 months. The third dose should be administered at least 16 weeks* after the first dose and at least 8 weeks after the second dose, but not before age 6 months. The vaccine should not be administered to any infant < 6 weeks of age or any person aged ≥ 7 years.

The immunologic responses following 3 doses of **PEDIARIX™** were similar to those following 3 doses of separately administered **INFANRIX®**, **Engerix-B®**, and inactivated poliovirus vaccine.

Except for fever, the rates of most solicited local and systemic adverse events following **PEDIARIX™** were comparable to rates

* HAR 157 requires a **four month** minimum interval between the first and third doses of Hepatitis B vaccine

observed following separately administered U.S.-licensed vaccines. Comparative studies showed that the administration of **PEDIARIX™** and Hib vaccine was associated with higher rates of fever relative to separately administered vaccines. In an ongoing study, infants who received the first dose of **PEDIARIX™** with Hib vaccine and PCV had higher rates of fever compared with infants who received separately administered vaccines.

The Advisory Committee on Immunization Practices (ACIP) has approved the use of **PEDIARIX™** for the Vaccines for Children Program (VFC). Information about the availability of **PEDIARIX™** through the Hawaii VFC Program was sent to providers in August.



References:

Centers for Disease Control and Prevention. FDA Licensure of Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant), and Poliovirus Vaccine Combined, (**PEDIARIX™**) for Use in Infants. *MMWR* 2003; 52: 203-204.

Centers for Disease Control and Prevention. ACIP Approval of DTaP-HepB-IPV for the Vaccine for Children Program. *MMWR* 2003; 52: 204.

Centers for Disease Control and Prevention. Clarification: Vol. 52, No. 10. *MMWR* 2003; 52: 379.

Immunization Update 2003

Thursday, October 2, 2003 ♦ 8:30 am - 11:00 am Hawaii Time

Topics include:

- Influenza vaccine and recommendations for the use of the new live attenuated intranasal vaccine
- Pneumococcal conjugate vaccine
- Hepatitis B vaccine
- Recommendations for the use of new pediatric combination vaccines
- Update on the smallpox vaccination program
- Update on global polio eradication

This course will feature a live question and answer session with Dr. Bill Atkinson.

For more information, call Judy Strait-Jones at 586-8321, Neighbor Islands call toll-free at 1-800-933-4832.

Protect Hawaii's Keiki: Make a Date to Vaccinate!

By Gail Ogawa

The "**Protect Hawaii's Keiki: Make a Date to Vaccinate**" campaign was launched in June 2003 to increase public awareness about the importance of infant and toddler immunizations. The Healthy Hawaii 2010 goal for childhood immunization is for 90% of Hawaii's 19 to 36 month olds to have completed the 4:3:1:3 (4 DTaP, 3 IPV, 1 MMR, 3 Hib) immunization series.

In an effort to reach this goal, the Department of Health's Immunization Branch gathered community health leaders at Washington Place to define and develop strategies to improve Hawaii's infant immunization coverage rates. One of the strategies to emerge from this meeting focused on the need to improve education and public awareness of the importance of vaccination during infancy and early child-

hood. Through increased awareness, parents and community members may better recognize the critical nature of immunization and the protection it affords Hawaii's keiki.

Extensive public health messages for television and radio have been developed expressly for this public awareness campaign. Enclosed is a postcard from the campaign to display in your office. Questions regarding "**Protect Hawaii's Keiki: Make a Date to Vaccinate**" may be directed to Judy Strait-Jones, Project Development and Implementation Section, Immunization Branch at (808) 586-8321. Neighbor Islands may call toll-free at 1-800-933-4832.

Thank you for your ongoing support and assistance in safeguarding the health of Hawaii's keiki.

